PTO/SB/31 (10-07)

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			Docket Number (Optional)			
	NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERE		MYOG:044US			
l here	by certify that this correspondence is being facsimile transmitted	In re Application of				
	USPTO or deposited with the United States Postal Service with	Timothy A. McKinsey				
sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-		Application Number		Filed	Filed	
1450" [37 CFR 1.8(a)] 05/29/08		10/848,820		May 19, 2004		
··· / IXI		FOR CARDIAC HYPERTROPHY AND HEART FAILURE				
Signature				Examiner		
Type	d or printed Steven L. Highlander	1657		C.D. Peterso	n	
Applic	cant hereby appeals to the Board of Patent Appeals and Interferences	s from the last o	decision of the exa	miner.		
					10.00	
The f	ee for this Notice of Appeal is (37 CFR 41.20(b)(1))			\$	10.00	
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:					
	A check in the amount of the fee is enclosed.					
V	Payment by credit card. Form PTO-2038 is attached.					
	The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.					
Ø	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1212 . I have enclosed a duplicate copy of this sheet.					
V	A petition for an extension of time under 37 CFR 1.138(a) (PTO/SB/22) is enclosed.					
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038					
am i	the		/ //	411		
	applicant/inventor.			Samáture		
	assignee of record of the entire interest					
ш	See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.			 L. Highlander or printed name 		
	(Form PTO/SB/96)		(V)	or printed traine		
V	attorney or agent of record. Registration number 37,642 .		T-1-			
			reie	phone number		
	attorney or agent acting under 37 CFR 1.34.	05/29/08				
	Registration number if acting under 37 CFR 1.34.			Date		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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\Box	*Total of forms are submitted.					

This collection of information is equited by 37 CFR 4.13.1 The information is required to obtain or retain a benefit by the public which is to life (and by the UBFTO to process) an application. Confidentially is governed by \$5 U.S. C. 12 and 67 CFR 1.11.1 14 and 41.8. This collection is estimated to late 10 principles to complete application from the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supposessors for reducing this burden, should be sent to the Child stress. Any CRIST CHILD CASE AND ADDRESS. SEND TO: Commission for Pleasing to ASS ADDRESS. SEND TO: Commission for Pleasing to ASS ADDRESS. SEND TO: Commission for Pleasing to ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: Commissioner for Pleasing to, Dis votage, and ASS ADDRESS. SEND TO: ADDRESS ADDRESS. SEND TO: ADDRESS ADDRESS. SEND TO: ADDRESS ADDRESS